



Missouri Department of Insurance, Financial Institutions & Professional Registration
Insurance Market Regulation Division, Managed Care Section

Company Name _____

Annual Reporting of Utilization Review Activities

This Form contains the items that are required to be in the annual report of Utilization Review Activities. This form and the certification letter referenced below represent all required items for this report. Annual Utilization Review Reports are for utilization activities conducted in the previous calendar year. Missouri Regulations and Statutes referenced in this filing may be reviewed through our Internet site <http://www.insurance.mo.gov> The Annual Utilization Review Report must be post marked by **March 1st**.

Part A. check all that apply:

- ☐ **20 CSR 400-10.020(1)(A)** This report is being made by a Health Carrier who is acting as a Utilization Review agent on their own behalf.
- ☐ **20 CSR 400-10.020(1)(B)** This report is being filed on behalf of a Health Carrier that has contracted with an outside utilization review organization or otherwise has delegated its utilization review activities. List or attach a list of all **companies and their address** that are acting as a utilization review agent for this Health Carrier.

Part B

Identify the types of Utilization Review Activities your company has conducted:

- | | | | |
|--------------------------|--------------------------|-------------------------|--------------------------|
| 1. Ambulatory Review | <input type="checkbox"/> | 2. Concurrent Review | <input type="checkbox"/> |
| 3. Prospective Review | <input type="checkbox"/> | 4. Retrospective Review | <input type="checkbox"/> |
| 5. Other types of Review | <input type="checkbox"/> | | |

Identify the Other types of Review _____

The company may provide additional statistical data that would better summarize its Utilization Review Activities (i.e. case management, total number of reviews conducted, the number of each type of UR Activity conducted)

Part C.

1. Are there any material changes to your Grievance Procedures since your last filing? _____
If so, please forward an updated copy of those Grievance Procedures as they appear in your policies and certificates. **[20 CSR 400-10.020(3): only send if you have made any material changes since last filing]**
2. If previously approved, provide the MDI # and date of the approval for the policy and certificate(s) _____

Pursuant to §376.1375 RSMo please disclose the following information.

3. Total Number of Grievance Reviews Conducted (3a) 1st Level # _____ (3b) 2nd Level # _____
4. Disclose the outcome of those Grievances:
- | | | |
|--|------------------------------------|------------------------------------|
| Company's original decision upheld | (4a) 1 st Level # _____ | (4b) 2 nd Level # _____ |
| Company's original decision overturned | (4c) 1 st Level # _____ | (4d) 2 nd Level # _____ |
5. Total number of Expedited Grievance Reviews Conducted # _____

Signature and title of Company Officer _____

On your company letterhead, provide a signed certification of compliance reflects the language found in Section 376.1369 RSMo and 376.1378 RSMo. Your Activity Report will be incomplete if these certifications are not provided.